

IN THE UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

_____)	
JANE DOE I and JOHN DOE,)	
Individually and as Next Friends of)	
JANE DOE II, a Minor,)	
)	Civil Action File
Plaintiffs,)	
)	No. 1:23-cv-02666-SCJ
v.)	
)	
FOUNDING FOURTEEN, INC., <i>et al.</i> ,)	
)	
Defendants.)	
_____)	

DEFENDANTS' RULE 26(a)(2) EXPERT DISCLOSURES

COME NOW Defendants Founding Fourteen, Inc. d/b/a Fulton Academy of Science and Technology, Annette Higgins, and Stan Beiner and respectfully submit the following Rule 26(a)(2) Expert Disclosures:

Please see the report of Tyler T. Whitney, Psy.D., attached hereto, which complies with the disclosure requirements of Rule 26(a)(2)(B) of the Federal Rules of Civil Procedure regarding expert witnesses to be used at trial.

Defendants reserve the right to disclose additional and/or different expert witnesses and to supplement this or any other disclosure, consistent with the Federal Rules of Civil Procedure and this Court's Local Rules.

[signature on following page]

Respectfully submitted this the 22nd day of November, 2024.

COLES BARTON LLP

/s/ Aaron P.M. Tady

Matthew S. Coles

Georgia Bar Number 178020

Thomas M. Barton

Georgia Bar Number 040821

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TYLER T. WHITNEY, PSY.D.

LICENSED CLINICAL PSYCHOLOGIST

Adjunct Assistant Professor, Psychiatry and Behavioral Sciences

Emory University School of Medicine

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TYLER@DRWHITNEY.ORG

November 22, 2024

Aaron P.M. Tady, Esq.
Coles Barton LLP
150 South Perry Street, Suite 100
Lawrenceville, GA 30046

re: Jane and John Doe, as Next Friends of Jane Doe II v. Founding Fourteen, Inc., Annette Higgins and Stan J. Beiner; Case No. 1:23-cv-2666, SCJ

Dear Mr. Tady:

I was retained by your firm to review documents and pleadings in the above-referenced lawsuit and to provide my opinion regarding consequences that could result from Robert Vandel's purported sexual grooming and abuse of his former student, Jane Doe II. As such, my opinion will primarily address Plaintiffs' expert's report, Dr. Elizabeth Jeglic.

I understand the issues in this matter to involve allegations that Robert Vandel, a middle school homeroom and science teacher at Fulton Academy of Science and Technology (FAST), a Fulton County (GA) Charter School, allegedly groomed, sexually harassed, and sexually abused Jane Doe II while she was a student enrolled at FAST during her sixth, seventh, and the first semester of her eighth grade year.

Qualifications and Background

A. Professional Experience and Education

1. My name is Dr. Tyler Whitney. I am a licensed clinical psychologist and adjunct associate professor at Emory University School of Medicine, in Atlanta, Georgia. My appointment is to the

Department of Psychiatry and Behavioral Sciences, assigned to the Psychiatry & Law service, under the direction of Peter Ash, MD. I submit this report on behalf of the Defense, Founding Fourteen, Inc., Annette Higgins, and Stan J. Beiner, in the above captioned litigation.

2. I have spent my professional career as a licensed clinician and researcher, as well as an advocate and lobbyist for individuals with neurodevelopmental disorders. My clinical and research work has focused on those with intact intelligence and language skills formerly diagnosed with Asperger's Disorder or Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS). I have published articles in peer reviewed journals and spoken as an expert nationally and internationally regarding neurodevelopment. As many people are aware and according to the American Bar Association, children with disabilities are three times more likely to be sexually abused. I have been called upon on occasion to assist participants in the legal system in understanding unique aspects of an individual's autism spectrum disorder, without an intellectual deficit, as it relates to involvement with the legal system. In this case, I am retained in the capacity of my private practice as an expert regarding the sexual abuse of a child.
3. My curriculum vitae (CV) is provided and the materials that I relied upon to form my opinions for this report are listed in the appendices.
4. My conclusions are set forth herein. All of my opinions are rendered with a reasonable degree of scientific certainty and are based upon my education, my professional experience, the references cited in this report, as well as examination of the documents and other information submitted by the parties in this matter. A detailed account of my opinions and analysis is discussed throughout the remainder of this report. My opinions are subject to change should I receive additional documents and/or information, and I reserve the right to supplement and or amend this report should additional pertinent information become available to me.

5. I bill for professional services rendered based on actual hours incurred at contractually agreed-upon rates per hour. My billing rate for record review and analysis is \$275 per hour and my billing rate for expert testimony or expert deposition is \$500 per hour. My compensation in this matter is not dependent on, or in any way contingent upon, my findings or opinions, or the outcome of this matter.

Sources of Information

I received and reviewed the following documents:

Report of Elizabeth Jeglic, PhD, 10/01/2024

The items Dr. Jeglic listed in her report as the materials she reviewed in formulating her opinions

Founding Fourteen, Inc.'s Initial Disclosures, 2/6/2024

Basis for professional opinions

In this section, I address Section II of Dr. Jeglic's report. I have organized my comments in the order that Dr. Jeglic has presented her remarks. For ease in reviewing, I have left in the headings as they appear in Dr. Jeglic's report, although I do not necessarily agree with all of the statements or implications in those headings, as explained further below.

A. Almost all childhood sexual abuse (CSA) involves the use of sexual grooming.

1. I agree with Plaintiffs' expert, Dr. Jeglic's account of the research (pg 2, point 8) on sexual grooming in the case of Jane Doe II, but this may be true only if it is inferred that Mr. Vandel's interactive behaviors were meant to lead to future sexual abuse of Jane Doe II, which was only identified in this case after the reported abuse had occurred with Jane Doe II. FAST teacher Mary Beth Britten was made aware of concerns regarding Mr. Vandel's interactions with Jane Doe II by some of Jane Doe II's classmates. Ms. Britten

set up a meeting with administrators Mr. Stan Beiner and Mr. Peter Epstein, and Jane Doe II told her mother about that meeting that day after school. Subsequently, in September of 2021, after Jane Doe II left FAST, Mr. Vandel was arrested for sexual assault of Jane Doe II's classmate and friend. Using the sexual grooming model (SGM) described by Dr. Jeglic's colleague, Winters (2020), Dr. Jeglic states in her 2023 research on identification of red flag child sexual grooming behaviors, "It is often difficult to detect sexual grooming because some grooming behaviors resemble normal adult-child interactions." Dr. Jeglic goes on to state in the same 2023 research, "Importantly, research has shown it is hard to identify sexual grooming behaviors before the abuse occurs." In fact, Jane Doe II's mother reported in an email to Mr. Beiner that she and Jan Doe II's father did "NOT feel that [Jane Doe II] was sexually assaulted by her science teacher [Vandel]." Therefore, the timing of the identification of sexual grooming behaviors was long after Jane Doe II had spoken with Ms. Britten at FAST and gone to the meeting with Mr. Beiner and Mr. Epstein. Jane Doe II told her mother about her meeting with administration and about how she felt uncomfortable with Mr. Vandel after school. Then in November 2022, Jane Doe II told her therapist Ashley Bobo, LCSW, and possibly other trusted adults about the sexual grooming behaviors.

2. In referring to Dr. Jeglic's report, specifically point's 9 and 10, I'd like to reference to Dr. Jeglic's 2023 research on "red flag child sexual grooming behaviors", in which she states, (sexual grooming behaviors), "are not easily recognized and are more easily identified retrospectively once abuse has already been detected." Craven et al. (2006) states, "sexual grooming is not dissimilar to innocent behavior intended to broaden a young person's experiences. The only difference may be the motivation underlying the behaviour." (p. 292). Dr. Jeglic, in her report, goes on to cite her study with Winters (2016), where undergraduate students were used to investigate "one's ability to have foreseen an outcome" (referring to child sexual abuse). This study's findings that young adults "overestimated" their ability to foresee an outcome of sexual abuse, with known outcome. This is referred to as "hindsight bias."

B. Sexual grooming involves the psychological manipulation of the victim resulting in negative short and long-term consequences.

3. Jane Doe II during her deposition indicated that she'd been seen by Ashley Bobo, LCSW, while in 4th grade, to get treatment for "anxiety and panic attacks." She indicated that her behavioral treatment was helpful because of the behavioral techniques she learned at that time. Jane Doe II did not take medication during her treatment with Ms. Bobo. Consequently, because of the difficulty in differentiating causality of Jane Doe II's anxiety that was caused by the behaviors of Mr. Vandel and her pre-existing "anxiety and panic attacks", causation is unclear based upon the treatment records and therapy to date, and we may never know causation. She reported that she again saw Ashley Bobo, LCSW in November 2022 after transferring to Williams & Reed from FAST and subsequently to Blessed Trinity High School for her junior and senior years. This treatment lasted six months. The treatment was reported to be first weekly and then bi-weekly. Jane Doe II also tried another psychotherapist during this time, but reportedly did not connect with her and didn't return after one meeting. During this time, she reportedly did not take any psychotropic medication.
4. Sexual grooming can also be evaluated on the grounds of negative symptom patterns in sexually abused teenage girls seeking services (Herbert, M. et al, 2021). "Relying on the complex posttraumatic stress disorder (C-PTSD) framework, (Herbert's study) aimed to identify symptom profiles in teenage girls seeking services following disclosure of CSA. Participants in Herbert's study included 207 teenage girls aged 12–18. A latent profile analysis (in the Herbert study) identified three profiles: PTSD, Complex PTSD, and Resilient." Jane Doe II's own account during her deposition suggests that she would fit best in the "Resilient" profile of the Herbert study. "Both personal and family factors were found to distinguish profiles, with teens in the Resilient group reporting fewer associations with delinquent peers, less use of avoidance coping strategies, and more maternal support than the two other profiles."

5. C. Wallis & M. Woodworth (2020) suggest that “Nondisclosure in cases of child sexual abuse (CSA) can lead to numerous aversive outcomes for children who have been sexually abused, the most serious of which include untreated psychological symptoms and possible further abuse.” The study found that, “Delays of disclosure were decreased as age of the child increased or if the child was female. Alternatively, if abuse was more severe, occurred at a higher frequency, or if perpetrators were more closely related, delays of disclosure increased.” In this case, Jane Doe II, school peers (3 males) at FAST reported concerns about Mr. Vandel’s interactions with Jane Doe II to Ms. Britten, Jane Doe II’s ELA teacher during the first semester of her 8th grade year. Ms. Britten set up a meeting for Jane Doe II with Mr. Beiner, FAST’s principal, and Mr. Epstein, FAST’s vice-principal. They informed Jane Doe II that they would speak to Mr. Vandel immediately about his behaviors towards her and Jane Doe II reported in her deposition that all behaviors stopped after they spoke to Mr. Vandel. Jane Doe II acknowledged that she told the FAST principal and vice-principal, Mr. Beiner and Mr. Epstein, not to have Mr. Vandel “apologize to her.” Jane Doe II had already planned to transfer to another school but stayed at FAST to finish the remaining three weeks of her semester.
- C. Sexual grooming constitutes a betrayal of trust by an adult in a position of trust such as an educator and the institutions they represent, which can lead to both short- and long-term psychological consequences.
6. As stated earlier in point 3, Jane Doe II had “anxiety and panic attacks” in 4th grade. It would not be good for her to experience sexual grooming in terms of anxiety / mood or trust, but it would be almost impossible to differentiate which negative psychological symptoms were related to pre-existing anxiety and panic attacks and what negative psychological symptoms would be caused by the sexual grooming of Mr. Vandel. Jane Doe II re-entered therapy in November 2022 with her previous therapist, Ashley Bobo, LCSW. She reportedly continued in therapy for 3 months, first weekly and then bi-weekly. She did not take any

medication during her treatment after Mr. Vandel's interactions with her. Jane Doe II told Ms. Bobo during one session that "she had not been impacted or distressed by events in middle school with a teacher who demonstrated predatory behaviors" and that "she is cautious about being alone with male adults but does not perceive this as an issue." At the conclusion of her treatment with Ms. Bobo, Jane Doe II reported that she had "met her therapy goals and no longer is in need of support." Ms. Bobo agreed that Jane Doe II "no longer needs regular support." Jane Doe II also testified trying another therapist at that time as well, but "not connecting with her." She reportedly only attended one session. When Jane Doe II met with that therapist, Mary Teresa Freeman, MS, MAC, LPC, CPCS, in November of 2019, she reported that her panic disorder symptoms had started in early elementary school and that, with regard to social phobia, she had "always been like this." She also reported that her anxiety/panic attacks had died down lately. Ms. Freeman's notes do not report Jane Doe II mentioning Mr. Vandel or bullying at all.

7. As stated above in point 5, once three male classmates told Jane Doe II's ELA teacher, Ms. Britten, she immediately set up an appointment with the principal and vice principal to discuss the situation with Jane Doe II, who informed her that they would talk to Mr. Vandel immediately. Jane Doe II reported that after administration talked to Mr. Vandel, all extra attention stopped. Jane Doe II had already planned to transfer to William and Reed (private school) within 30 days of the meeting with FAST administrators. In addition, Ms. Britten, who Jane Doe II reported in her deposition, felt "safer", was also appointed to act as a point person at FAST, someone to talk to, while at FAST.
8. Jane Doe II contacted classmates via phone and text who stayed at FAST after she transferred. Sometime after Jane Doe II left FAST, she reportedly found out that a schoolmate, friend, and neighbor was sexually assaulted by Mr. Vandel after she left. Jane Doe II reported that she felt shame and guilt over what happened to her friend, and they looked at her 8th grade yearbook in her room, which was mailed to her over the summer leading up to 9th grade. Jane Doe II reportedly had drawn an "X" through the faces of

schoolmates at FAST who'd bullied her. The time spent in her room with her friend, who was sexually assaulted by Mr. Vandel after she left FAST reportedly happened before she re-entered therapy with Ashley Bobo, LCSW in November 2022. Therapy at that time was for 6 months, first on a weekly basis and then bi-weekly. She did not take medication at the time she re-entered therapy.

D. Educator sexual misconduct and sexual harassment can lead to negative short- and long-term consequences for victims.

9. Short-term negative consequences occurred for a limited time, after administration was made aware of Mr. Vandel making Jane Doe II feel uncomfortable. However, after transferring to William and Reed, where her older brother was a student, she transferred again to another private school, Blessed Trinity, where there was a larger student body (970 students), because reportedly William & Reed High School was, "too small."

10. Students who experience educator sexual misconduct are often reported to have negative psychological, physical, and educational consequences. However, by the start of 11th grade, Jane Doe II was not reporting the need for therapy, was not taking medication for her negative symptoms, she never has, and did not perform more poorly academically. As explained above, she even reported to her counselor, Ms. Bobo, that "she had not been impacted or distressed by events in middle school with a teacher who demonstrated predatory behaviors" CSA severity, in terms of the type of sexual abuse, frequency, and duration lead to variability in negative symptomology. Domhardt, M., et al. (2015) found in their literature review, "the percentage of CSA survivors who were found to have a normal level of functioning despite a history of sexual abuse ranged from 10% to 53%. The protective factors that had the best empirical support were found to be education, interpersonal and emotional competence, control beliefs, active coping, optimism, social attachment, external attribution of blame, and most importantly, support from the family and the wider social environment."

E. Educator grooming behavior can lead to student bullying which results in negative short- and long-term consequences.

11. When Jane Doe II verbalized heightened levels of anxiety and even panic attacks prior to middle school (e.g., 4th grade), her middle school bullying could create returning symptoms.

The rates of bullying have remained relatively constant in this dataset since 2005 (“Indicators”), but rates vary across different studies depending on how bullying is measured and at what level it occurs (that is, classroom or school). Thus, across studies, the rates of students involved with bullying range from 10 to 50 percent of children and youth (Cook et al. 2010; Atria et al 2007).

Many U.S. children have experienced bullying, whether online or in person. About 19.2% of students ages 12-18 enrolled in grades 6-12 experienced bullying nationwide during the 2021-2022 school year. This is lower than the prevalence of bullying at the beginning of the last decade, during the 2010-2011 school year (28%), and lower than the prevalence last measured by the School Crime Supplement during the 2018-2019 school year (22%). At present, no federal law directly addresses bullying. In some cases, bullying overlaps with discriminatory harassment, which is covered under federal civil rights laws enforced by the U.S. Department of Education (ED) and the U.S. Department of Justice (DOJ).

With the high prevalence rate of bullying that occurs at schools in the United States it is unreasonable to assume that bullying was occurring because of the interaction between Jane Doe II and Mr. Vandel, particularly in the absence of any evidence to suggest such a link.

F. There are well established short- and long-term negative psychological, physical, psychosocial, and socioeconomic consequences of childhood sexual abuse.

12. As mentioned above in point 6, Jane Doe II had diagnosed social anxiety and panic attacks dating back to early grade school,

prior to her interactions with Mr. Vandel beginning in 6th grade. It would be impossible to separate what anxiety was present before her interactions with Mr. Vandel and what occurred causally because of her interactions with Mr. Vandel.

13. Research on sexual abuse victims also points to individual resilience. Sanjeevi, J. et al. (2018) note that “while empirical research has clearly shown the negative impact of child sexual abuse on social, psychological, and sexual functioning later in life, it has also been reported that some individuals remain asymptomatic despite a history of experiencing child sexual abuse.” This implies that negative outcomes later in life are not inevitable and illustrates the critical need to elucidate how resilience may moderate the negative impacts of child sexual abuse.
14. Severity of child sexual abuse (CSA) is known to negatively impact individuals in many ways. However, variables such as age of victimization, frequency of victimization, and duration of victimization strongly influence long-term effects of CSA (Boardman & Davies, 2009). In addition, individual traits and characteristics / resilience can play a large role in an individual’s response to CSA (Sanjeevi, J., et al. 2018).

Professional Opinions

- A. Robert Vandel **may have** engaged in “sexual grooming behavior” if you consider the behavior from the viewpoint of “after the fact”, and then one must assert that Mr. Vandel was planning on sexually assaulting Jane Doe II at a future time.
15. According to plaintiff’s expert, Dr. Jeglic’s research paper (2023), “research has shown it is hard to identify sexual grooming behaviors before the abuse occurs.”
16. According to plaintiff’s expert, Dr. Jeglic’s research paper (2023), “It has been suggested this difficulty is since sexual grooming behaviors are analogous to normal adult child

interactions, however the underlying intention behind them is deviant in nature.”

17. Many of the behaviors of child molesters appear “normal” (Winters & Jeglic, 2016). Craven et al, 2006, suggest “retrospective identification of sexual grooming is much easier than identifying it before the sexual offense occurs.”

B. Jane Doe II did not report anything to an adult authority figure at FAST or her parents regarding sexual abuse until long after Jane Doe II left FAST. Only after multiple male classmates reported to Jane Doe II’s ELA teacher, Ms. Britten, during her Fall semester of her 8th grade year, did Ms. Britten ask Jane Doe II in private about her interactions with Vandel. Jane Doe II did not tell anyone at that time about Mr. Vandel hitting her on the buttocks with a ruler.

18. It is not uncommon for a pre-adolescent or adolescent not to report behavior because they are “confused” about how they feel about the individual they are interacting with. Jane Doe II reported being “confused” towards the end of her relationship with Mr. Vandel, specifically about how she felt about him. Winters & Jeglic in 2016 research state, “as a consequence of the strategies they (adult predators) employ in the grooming process, their (e.g., victim’s) abuse often goes undetected or unreported.”
19. It was not until after her meeting with FAST Principal, Mr. Beiner and FAST Vice Principal, Mr. Epstein, arranged by Ms. Britten, that Jane Doe II told her mother about feeling uncomfortable regarding some of Vandel’s conduct. According to Winters & Jeglic, 2016, [sexual grooming behaviors]” often aren’t recognized until after the sexual abuse has already occurred.” Hindsight bias is a psychological phenomenon also referred to as the “I knew it all along” phenomenon. Simply stated, “hindsight bias refers to the effect that occurs when those who are given the outcome information exaggerate the likelihood that they would have predicted the event (Arkes et al., 2009)” (Winters & Jeglic, 2016).

C. Jane Doe II might not suffer negative short- and long-term consequences from Robert Vandel's psychological manipulation, sexual grooming, sexual harassment, and sexual abuse.

20. According to Boardman and Davies (2009), Some CSA victims display few or none of the symptoms commonly associated with a sexual abuse history. A study by Finkelhor and Berliner (1995) noted up to 40% of a group of sexually abused children were asymptomatic, with similar estimates being observed in related studies (Caffaro-Rouget, Lang, & van Santen, 1989). Variation in prevalence rates of asymptomology motivates discussion regarding methodological differences between such studies. Methodological bias apparent in the research ranges from sample bias (Burnam, et al., 1988; Sheldrick, 1991; Dallam, 2001) and lack of symptom report validation (Spaccarelli, 1994), to difficulties in standardising definitions of symptomology (Kendall-Tackett et al., 1993). Considering the important clinical implications of work in this area, it is vital to achieve a critical understanding of research into asymptomatic victims.
21. Individual resilience traits following CSA were reported by Sanjeevi, J. et al., 2018. This study indicates that some individuals who suffer CSA show few to no signs of the childhood abuse in adulthood.
22. Jane Doe II reportedly had pre-existing anxiety and panic attacks in grade school according to records from Ashley Bobo, LCSW. She was again treated by Ms. Bobo in November 2022 through May 2023 after her interactions with Mr. Vandel. In fewer than 10 sessions with Ms. Bobo, and without any psychotropic medications, Jane Doe II discontinued psychotherapy, stating that she had met treatment goals and no longer needed support from a therapist. Even though it would be difficult to differentiate what anxiety, and panic attacks came from Jane Doe II's interaction with Mr. Vandel and what was present previously, the fact that she discontinued treatment and did not require any medication suggests that she has resiliency factors related to overcoming CSA (Hyman, B. et al., 2001).

D. Opinion re. importance of talking to a victim to assess short- and long-term impact of sexual abuse or misconduct. It is my opinion that a forensic evaluator would need to see the victim, in this case, Jane Doe II, in person in order to opine about the individual's injury as a result of a traumatic event or series of events. This would be necessary in order to assess the individual's prior level of functioning, the impact of the traumatic events, and the extent of harm, or damages incurred as a result (see generally Rocchio, 2020).

Respectfully Submitted:

A handwritten signature in black ink, appearing to read "Tyler T. Whitney, Psy.D.", written over a horizontal line.

Tyler T. Whitney, Psy.D.

Date: 11/22/2024

Enc: Tyler Whitney, PsyD Curriculum Vitae (CV)

List of Prior Testimony

List of Reports and Articles Referenced in Expert Report

Tyler T. Whitney

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Roswell, Georgia 30076
Phone: 770-645-5846
tyler@drwhitney.org

EDUCATION HISTORY

10/01 Psy.D., Clinical Psychology, (APA approved)
Specialization Track: Clinical Psychology / Neuropsychology
Forest Institute of Professional Psychology (FIPP)-Springfield, Missouri

05/97 B.S. in Psychology
Psychology Departmental Scholarship
Westminster College-Salt Lake City, Utah

08/94-08/95 Major: Biology
Emphasis: Pre-Med
University Of Utah-Salt Lake City, Utah

01/90-04/92 Major: Microbiology
Emphasis: Pre-Med
Brigham Young University (BYU)-Provo, Utah

LICENSES / CERTIFICATIONS

State of Idaho PSY-202131, Licensed Psychologist, Expired, 06/2013
State of Utah, # 6752855-2501, Licensed Psychologist, Active
State of Georgia, PSY-003662, Licensed Clinical Psychologist, Active
State of Arizona, PSY-005333 Licensed Clinical Psychologist, Active

University of Michigan Autism and Communication Disorders Center-ADOS Clinical Training,
June 2007

University of Michigan Autism and Communication Disorders Center- ADOS Research
Reliability Training, October 2007

Utah Regional LEND Fellowship (Psychology); completed April 2011

Utah Regional LEND Fellowship (Psychology); 2nd year, Autism Enhancement, May 2012

WORK EXPERIENCE

08-04 to **Clinical Staff with privileges** Copper Hills Youth Center, West Jordan, Utah
01-09

- ⤴ Program development
- ⤴ Evaluation of patient's developmental disabilities and clinical pathologies
- ⤴ Comprehensive treatment planning
- ⤴ Supervision of supervisory clinical staff (e.g. therapists, behavioral consultants)
- ⤴ Medical staffing with clinical staff
- ⤴ Staff education

4-09 to **Clinical Consultant**, Preferred Community Homes, LLC (WestCare Healthcare
6-10 Management Services, Inc.)

- ⤴ Program Development and clinical oversight
- ⤴ Staff educational
- ⤴ Developmental, cognitive, psychological assessment
- ⤴ Functional behavioral assessment / observation
- ⤴ Comprehensive treatment planning
- ⤴ Education (professional & family)

3-05 to

6-12 **Clinical Director**, Intermountain Center for Autism and Child Development

- ⤴ Developmental, cognitive, psychological assessment
- ⤴ Behavioral Observation
- ⤴ Treatment, educational planning
- ⤴ Individual & Group Therapies
- ⤴ Education (Professional and Community)

10-06 to **Allied Health Staff**, St. Luke's Regional Medical Center (Boise and Meridian)
6-12

- ⤴ Evaluation of patient's developmental disabilities and clinical pathologies
- ⤴ Comprehensive treatment planning
- ⤴ Supervision of supervisory clinical staff (e.g. therapists, behavioral consultants)
- ⤴ Medical staffing with clinical staff
- ⤴ Staff education

5-12 to **Licensed Clinical Psychologist**, Private Practice, Alpharetta Georgia
Present

- ⤴ Developmental, cognitive, psychological assessment
- ⤴ Educational consultation, nation wide
- ⤴ Behavioral Observation
- ⤴ Treatment, educational planning
- ⤴ Individual & Group Therapies
- ⤴ Forensic consultation and expert testimony
- ⤴ Education (Professional and Community)

01-13 to **Licensed Clinical Psychologist**, Georgia State University,
09-13 Diana L. Robbins, Ph.D. Neuropsychology Lab (ASD Baby Study)

- ⤴ Conduct ADOS-G for research protocol

- ⬆ Edit Post-Doctoral Fellows report writing
- ⬆ Co-sign Post-Doctoral Fellows as Licensed Psychologist
- ⬆ Give Feedback to Parents and Caregivers about assessment

7-12 to Emory University School of Medicine, **Licensed Clinical Psychologist**,
5-15 Peter Ash, MD, Forensic Psychiatry Grand Rounds-affiliation

5-15 to Psychiatry & the Law Service, Emory University School **Adjunct Assistant Professor**,
Present of Medicine, Peter Ash, MD, Director of Emory Forensic Psychiatry Program

- ⬆ Lecture on development as it relates to pathology
- ⬆ Lecture on due process in the public and private school systems
- ⬆ Research related to development in the criminal justice system

05-22 to- Atlanta Autism Consortium (AAC), **Elected Member, Board of Directors**.
Present

- ⬆ AAC Special Interest Group-Fundraising 503c
- ⬆ AAC Special Interest Group- Marketing 503c

01-23 to Atlanta Autism Consortium (AAC), **Elected Co-Chair, Board of Directors**.
Present

Leadership of the largest grassroots 503c organization for autism spectrum disorders (ASD) in Georgia.

Administrative responsibilities include:

- ⬆ Fiscal Budget
- ⬆ Programming
- ⬆ Fundraising
- ⬆ Marketing

02-23 to Emory University Brain Health Center-Diversity Consultation Service.
Present

- ⬆ As providers with expertise, to connect with consultants (by email) when attention to cultural factors is essential to quality patient care.
- ⬆ To connect with provider teams that require more education/information about the patient's culture.
- ⬆ Diversity consultants help in any way they can, whether that be by email, phone, or in person.

09-23 to Autism Innocence Project-An autism spectrum disorder advocacy group-Psychiatry & Law
Present Advisor

- ⬆ Lobby with lawmakers for equity and inclusion for individuals with disabilities according to IDEA
- ⬆ Autism and criminal justice legislation initiative
- ⬆ Educate policy makers, law makers, judges, prosecutors, and defense attorneys on the state and federal level of the criminal justice system

SUPERVISED CLINICAL EXPERIENCE

10/04 **Pediatric Psychologist under supervision**
 03/05 (Mack Stephenson, Ph.D.)
Tyler T. Whitney, Psy.D., P.C., Boise, Idaho

- ⤴ Developmental, cognitive, psychological assessment
- ⤴ Behavioral Observation
- ⤴ Treatment, educational planning
- ⤴ Individual & Group Therapies
- ⤴ Education (Professional and Community)

02/03 **Pediatric Psychologist under supervision**
 09-04 (Robert Calhoun, Ph.D.)
Mountain States Counseling &
Psychological Services, Boise, Idaho

- ⤴ Developmental, cognitive, psychological assessment
- ⤴ Behavioral Observation
- ⤴ Treatment, educational planning
- ⤴ Individual & Group Therapies
- ⤴ Education (Professional and Community)

01/02 **Post-Doctoral Fellowship**
 12/02 The Connections Center, Houston Texas

- ⤴ Nationally and internationally recognized multidisciplinary assessment of pediatric and adolescent neurodevelopmental / neuropsychiatric disorders based on the Relationship Development Intervention (RDI) model, with specialty in Autism Spectrum Disorders
- ⤴ Consultation, treatment planning and customized ongoing support services (local and national), professional training (physicians, psychologists, speech pathologists, occupational therapists, physical therapists) in the Relationship Development Intervention (RDI) model
- ⤴ Outcome research and publications with pediatric/adolescent patient populations within the Autism Spectrum

09/00 **Pre-Doctoral Psychology Internship**
 08/31-01 Department of Psychology, St. Charles Hospital and Rehabilitation Center
Supervisors: Thomas Preston, Ph.D., primary supervisor,
 (pediatric inpatient-neuropsychology)
 Barbara Gottfried, Ph.D., (community re-entry program-neuropsychology)
 Mark Sandberg, Ph.D., (outpatient therapy-cognitive rehabilitation)

- ⤴ 291 bed general hospital which houses 135 rehabilitation beds/18 pediatric.
- ⤴ Emphasis on neuropsychological assessment, integrative report writing, consultation, behavioral medicine, and cognitive rehabilitative psychotherapy.
- ⤴ Affiliation with SUNY-Stony Brook Medical School provides didactic training with PM&R residents and weekly grand rounds in neurology and psychiatry.

- ⤴ Weekly child/adult case conferences, with presentation at case conferences expected later during the year.

CLINICAL RESEARCH EXPERIENCE

- 10-14- Validation of Parent Collected Observational Data in the Natural
11-14 Environment (NODA Protocol) Primary Investigator: Chis Smith, PhD
Southwest Autism Research and Resource Center (SARRC).
- 09-13- Validation of Parent Collected Observational Data in the Natural
03-14 Environment (NODA Protocol) Primary Investigator: Fatima A. Nazneen, PhD
Georgia Tech.
- 02-10 - ICACD collaboration with Behavior Imaging, Inc. funded by Air Force Medical
09-10 Solicitation Number F1ATD49141A002
- 06-07- ICACD collaboration with Brigham Young University, Co-Primary Investigator 01-08
with Dawson Hedges, MD, Director of the Neuroscience Center, Brigham Young
University.
- ⤴ Coordinated data collection and consulted on design and analysis questions for neurodevelopmental, and psychoeducational research of families with children and adolescent s with autism spectrum disorders.
- 11/04-06/05
- ⤴ USDOE grant submitted by Jocelyn Taylor, *Primary Investigator: Tyler Whitney, Psy.D.*
 - ⤴ Coordinated data collection and consulted on design and analysis questions for neurodevelopmental, and psychoeducational research of pediatric and adolescent autism research.
 - ⤴ Site training in semi-structured observational evaluation, treatment planning, and intervention in a school setting
- 01/02- Post-Doctoral Resident
12/02 The Connections Center, Houston Texas
Primary Investigator: Dr. Steven Gutstein
- ⤴ Coordinated data collection and consulted on design and analysis questions for neurodevelopmental, neuropsychological, and psychoeducational research of pediatric and adolescent Autism research.
- 09/00- Pre-Doctoral Internship
06/01 Department of Psychology, St. Charles Hospital and Rehabilitation Center
Primary Investigator: Dr. T. Bedirhan Ustun, World Health Organization
APA Contact: Robert W. Walsh, Professional Development Coordinator
Field Trial Participant #: T3-05-054
ICIDH – 2: International Classification of Functioning and Disability. Beta-2 field trials first revision.

- ⤴ The aim of the ICIDH – 2 classification is to provide a unified standard language and framework for the description of human functioning and disability as an important component of health.
- ⤴ Participants utilized the ICIDH – 2 classification system in assessment of standard clinical case summaries and submitted the data to APA.

HONORS

June 2011 selected as LEND Fellow in Psychology, 2nd year, Autism Enhancement program (www.urlend.org)

September 2010 selected to assist Idaho Supreme Court Justice John Varin in drafting Idaho House Bill 140(a); juvenile competency act. April 05, 2011 HB 140(a) was signed into Idaho State Law by Governor CL “Butch” Otter. Bill went into effect as law July 01, 2011.

June 2010 selected as LEND Fellow in Psychology (www.urlend.org)

March 2010 named as clinical psychologist for the Idaho Cleft Lip and Palate Team (St. Luke's Regional Medical Center, Boise, Idaho); Russell Griffiths, MD, Director

January 2010 selected one of 16 delegates (key stakeholders) to represent the state of Idaho at the Region X Act Early Autism Summit (Seattle, WA), a national meeting sponsored by CDC/NCBDDD, HRSA, MCHB, and AUCD. Stakeholders are experts from organizations such as: UCEDD, Health and Welfare, State Department of Education, DD council, Private Sector, American Academy of Pediatrics, University of Idaho, Easter Seals, Medicaid, and Parents

April 2009 selected by Idaho Health and Welfare (H/W) and Idaho Children's Mental Health (CMS) to advise the Medicaid Re-design committee regarding benefits and evidence-based practices (work group)

May 2008 Granted Full Member Status (5 years) International Society of Autism Research (INSAR)

03/2001 Selected APPCN Match Program as Pediatric Neuropsychology Fellow Henry Ford Health Systems-Detroit, Michigan

1998-2000 National Dean's List Publication-Recommended by Dean of Student Affairs Forest Institute of Professional Psychology.

1999 Nominated by fellow students at FIPP for Presidential Award (one of five finalists) to be voted on by the faculty. This award is traditionally given to the graduate student attending Forest Institute of Professional Psychology who encompasses the values set forth by the board of directors and administration.

1998-2000 Dean's List Forest Institute of Professional Psychology (above 3.75)

TEACHING EXPERIENCE

05/15 **Adjunct Assistant Professor**
Present Emory University School of Medicine

- ⤴ Lecture on development as it relates to clinical and developmental psycho- pathology
- ⤴ Lecture on due process in the public and private school systems statewide and nationally
- ⤴ Research related to neurodevelopmental disorders in the criminal justice system

08/04 **Adjunct Professor**

7/12 University of Idaho

- ⤴ Instructor for graduate level students in statistics / research methods (assessment) and psychometrics

09/99 **Teaching Assistant**

07/00 Forest Institute of Professional Psychology, Springfield, Missouri

- ⤴ Provided tiered supervision within Forest Human Services Center for (2) Master's level graduate students in clinical psychology (under the direction of my licensed supervisor).

SCIENTIFIC REVIEW PUBLICATIONS

Whitney, T. (2023). Advocating for the overlooked needs of autistic individuals in the US criminal justice system. Autism Spectrum News, Legal Edition-Summer 15, 5.

Whitney, T., Hedges, D., Brown, B., and Jarrett, B. (2008). A Comparison between specific autism-spectrum disorders according to Clinical and Demographic Factors in Children, Adolescents, and Young Adults. Journal of Therapeutic Schools and Programs (JTSP), 3, 1, 98-115.

Whitney, T., Leavell, JT, et. al. (2005). Autistic Spectrum Disorders: A Guide to Best Practice for Screening, Diagnosis and Assessment. Idaho Department of Education, Special Population Services.

Gutstein, S.E., **Whitney, T.** (2002). Asperger's Syndrome and the Development of Social Competence. Focus on Autism and Other Developmental Disabilities, 17, 3, 161-171.

NEWS COVERAGE

Whitney, T. (2023) WHSN Fox South Carolina Channel 12-Interview for National Converge Autism Summit. May 16.

Whitney, T. (2018) Life with Gracie: He's on the autism spectrum but manages to write a comic book. The Atlanta Journal-Constitution. <https://www.myajc.com/lifestyles/this-life-with-gracie-autism-spectrum-but-manages-write-comic-book/jPpeFATVGQXeZGDtbFmRcJ/>

Young, T. and Whitney, T. (2010) Assessment of Behavior Imaging Technology in the Classroom, Follow Up. KTVB Channel 7 Viewpoint with Dee Sarton. http://www.behaviorimaging.com/html/casestudies_healthit.htm

LaMay, C., Cosho, M., and **Whitney, T.** (2007) Unraveling a mystery: After decades of struggle, Boisean finds hope with Asperger's diagnosis. Idaho Health (Idaho Statesman) Fall 2007, 38-42.

Whitney, T. (2007) Autism requires better understanding. Idaho Statesman, June 6, 2007.

PRESENTATIONS & POSTERS

Whitney, T. (2024) Global Hybrid Conference on Neurology & Psychology. Keynote Address: Autism spectrum disorders: Vulnerabilities in communication and social understanding as it relates to the legal system in the United States. October 25, 2024 Dubai, UAE.

Whitney, T. (2024) Georgia Association for Criminal Defense Lawyers Blum Mental Health Symposium. Autism Spectrum Disorders and its Practical Impact on Criminal Intent. The Jimmy Carter Center, Atlanta, GA. October 12, 2024.

Whitney, T., Donnellan, S., Neiderhoffer, E., Maurer, E., Sundermeyer, M., Michalove, A., Krachman, L., and Bishop, F. (2024) Young Adults with ASD without intellectual disabilities: Tricky Transitions to Adult Independence: A Panel Discussion, AAC Webinar, May 30, 2024

Whitney, T., Lim, M. (2024) Developmental Disabilities & Autism in the Criminal Justice System. Gwinnett County Superior Court Retreat, January 10, 2024.

Whitney, T., Schwenke, T., Maddox, E., Roberts, V. (2023) Invited Address: Mental Health Services for persons who experience SMI or Disabilities in the Criminal Justice System (CJS)- Advocacy and Intervention. American Psychological Association (APA) Annual Convention, Washington, DC. August 3-5.

Whitney, T. (2023) Invited Address: Invited Keynote Speaker: Short & Long-Term Consequences COVID-19 on Individuals Autism Spectrum Disorders (ASD). National Converge Autism Summit, Greenville, SC. May 16 & 17.

Whitney, T. (2023) Invited Address: Breakout Session: DSM-IV (1994) / DSM-V-TR (2022): Autism Spectrum Disorders (ASD) Diagnosis and Beyond: a Lifespan Perspective. National Converge Autism Summit, Greenville, SC. May 16 & 17.

Whitney, T. (2023) ASD and Online Use by Teens and Young Adults: Pandora's Box. Atlanta Autism Consortium (AAC) program. February 23, 2023.
YouTube:<https://www.youtube.com/watch?v=5fToTe8WIjk>

Whitney, T. (2023) Independence and Building Skill Sets Towards Independence: Beyond the High School Years. Atlanta Autism Consortium (AAC) program. January 19, 2023. YouTube: <https://www.youtube.com/watch?v=m8U36JpmbCA>

Whitney, T. (2022) Invited Address: **COVID 19:** Where are we? How did we get here? Where are we going? The Cottage School (TCS), Roswell, GA. 30076. February 18, 2022.

Corey, J., Harrell, S., Hayes, G. Ph.D., Ramirez, S., Whitney, T. Psy.D., and Young, R. (2014) Invited Panel: Transition to Adulthood, Person Centered Planning, Use of Technology, and Employment Post High School. Georgia Tech, International Meeting for Autism Research (IMFAR) Pre-conference, May 14, Atlanta, Georgia.

Whitney, T. (2014) Invited Panel: How to Deal with Autism in the Suburbs. Atlanta Autism Consortium (AAC). Emory Hospital, John's Creek. 21 March, John's Creek, Georgia.

Whitney, T. (2012) Invited Presentation: Pediatric Referrals for Neurodevelopmental Disorders. Pediatric Grand Rounds; Scottish Rite Hospital. 7 August, Atlanta, Georgia.

Whitney, T. (2011) Invited Presentation: Supporting the Female Adolescent with Bipolar Disorder and Autism. Idaho Partnerships Conference on Human Services. 13-14 October, Boise, Idaho.

Whitney, T. (2011) Invited Presentation: Empowering Individuals with ASD: Transition to Adulthood. Idaho Partnerships Conference on Human Services. 13-14 October, Boise, Idaho.

Whitney, T. & Oberleitner, R. (2011) Invited Presentation: Treating Autism in Toddlers and Adolescents Remotely with Behavior Imaging. International Meeting For Autism Research (IMFAR). 12-14 May, San Diego, CA.

Whitney, T. (2011) Presentation: Supporting the Needs of Children with Autism Spectrum Disorders in an Educational Setting using a Telemedicine Platform. URLEND Leadership Project; remotely presented to U of Utah Medical School, Utah State University, U of Montana, U of North Dakota, and U of Idaho. April 22, 2011.

Whitney, T. (2010) Poster: Association of University Centers on Disabilities (AUCD) Annual Conference; Crystal City, VA. Treating Autism in Toddlers and Adolescents Through Remote Consultation. November 1, 2010.

Whitney, T. (2010) Invited Keynote Address: Panhandle Autism Society of Idaho Annual Conference; Coeur d' Alene, Idaho. Understanding and Supporting Older Teens with Asperger's Disorder. October 08, 2010.

Whitney, T. (2010) Presentation: School Nurses Organization of Idaho; Nampa, Idaho. The Many Faces of Autism Spectrum Disorders in Schools. October 07, 2010.

Whitney, T. and Day, Michael (2009) Idaho Department of Health and Welfare Redesign Committee. Continuum of Care subcommittee presentation. June 30, 2009

Whitney, T. (2009) We've got the whole world in our hands; shifting the world view of the autism paradigm; AAIDD-Environmental Health Initiative. Teleconference, June 9, 2009.

Whitney, T. (2009) High risk behaviors and autism: how to structure programming; Independent Educational Consultants Association (IECA) Spring 2009 Semi-Annual Conference, San Francisco, CA.

Whitney, T. (2009) Treating families with autism spectrum disorders: Current practices and future trends. Autism Telehealth Summit. Boise, Idaho

Whitney, T. (2008) Asperger's Disorder and Criminal Behavior: Forensic & Psychiatric Considerations in School Settings (Part 1 & 2). Utah School Counselor Association Annual Conference. Salt Lake City, Utah.

Whitney, T. (2008) The Environment's Role in Autism Spectrum Disorders (Poster Session). 25th Annual National Association of Dual Diagnosis (NADD) Conference. Niagara Falls, Canada

Whitney, T. (2008) Autism Spectrum Disorders and the Environment; Independent Educational Consultants Association (IECA) Fall 2008 Semi-Annual Conference, Baltimore, MD.

Whitney, T. (2008) I is for individualized; 12th Annual Idaho Partnerships Conference, Listen, Educate, Advocate, Partner (LEAP). Boise, Idaho.

Whitney, T. (2008) Adolescents & Young Adults with Autism; 12th Annual Idaho Partnerships Conference, Listen, Educate, Advocate, Partner (LEAP). Boise, Idaho.

Whitney, T. (2008) A Profile of Families with Children/Adolescents with ASD: Shared Experiences; NATSAP annual conference, Savannah, Georgia

Whitney, T. (2008) Introduction to the Autism Spectrum Disorder (Full Day); Sublette County School District # 1, Pinedale, Wyoming.

Whitney, T. (2007) NAMI Wyoming Annual Conference; Casper, Wyoming. Autism Spectrum Disorders: Signs and Symptoms.

Whitney, T. (2007) Children's Mental Health and Youth Prevention Summit; Casper, Wyoming. Autism Spectrum Disorders, For Parents, For Educators, For Case Workers / Mental Health Professionals.

Whitney, T. (2007) 3rd Annual Pediatric Mental Health Conference; St. Luke's Regional Medical Center, Boise. Best Practices In Assessment and Intervention of Autism Spectrum Disorders.

Whitney, T. (2007) MATCH-mental health access to children; St. Luke's Boise: Best Practices in the Assessment of Autism Spectrum Disorders.

Whitney, T. (2006) 10th Anniversary Conference on Critical Issues Facing Children and Adolescents, Key Speaker, Salt Lake City, Utah (full day)

Whitney, T. (2006) Copper Hills Youth Center: Troubleshooting Problem Behaviors in Children and Adolescents with Asperger's Disorder. (half day)

Whitney, T. (2006) Primary Children's Medical Center: Opening Doors For Children With Autism (ASD) Through Relationship Intervention (2-day)

Whitney, T. (2005) ASATVC Delivery of services and relationally based therapeutic models.

Whitney, T. (2004-05) USDOE grant: Granite School District Autism Teams, Solving the Relationship Puzzle, Introduction to RDI, Assessment and Diagnosis of children with developmental disorders, Principles of RDI, and Living and RDI Lifestyle (9 days)

Whitney, T. (2004) Idaho Counseling Association Annual Conference: Building Relationally Based Therapeutic Models.

Whitney, T. (2004) Idaho Asperger's Support Group: Introduction to Relationally Based Therapeutic Models (Greenspan, 2000; Gutstein, 2001)

Whitney, T. (2003) Utah Autism Society Annual Conference: Solving the Relationship Puzzle. (Full Day)

PROFESSIONAL REFERENCE

Furnished upon request

List of Prior Testimony

1. Administrative (Disciplinary) Hearing 08/30/2019; Fulton County (GA) Board of Education v. juvenile CC (Defendant)
2. Video Deposition: McMillan v. Cedarcrest Church et al. 11/19/2019 Civil No. 17-A-1952, Cobb County (GA) Superior Court (Petitioner)
3. Trial-02/04/2022 State of TN v. Kevin Figueroa, 19th Circuit Court Case # 305B-ME-3250623 (Defendant)
4. Hearing 10/26/2022 Civil Case No.20-A-00150-9; juvenile girl / juvenile girl minor proceeding by and through GAL, Sheriann Hicks, Jose DeLeon v Amelia Luna
5. Trial-01/11/2023 State of GA v. Michael Baretto, Fulton County (GA) Superior Court, Case # 22SC180586 (Defendant)
6. Competency Hearing 02/24/2023 State of GA v. Cedric J. Hill, Jr, Newton County (GA) Superior Court Case # 22-CR-373-5 (Defendant)
7. Trial- Gwinnett County Superior Court 03/10/2023, Civil Case No. 20-A-00150-9; juvenile girl / juvenile girl minor, Jose DeLeon v. Amelia Luna
8. Trial-Northern District of Georgia 03/29/2023, Case # 1:20-CR-00079, United States v. Joshua R. Herrera (Defendant)
9. Trial-Juvenile Court Harris County TX 05/08/2023, State of TX v. juvenile EL Case # 21005322 (Defendant)
10. Trial-Fayette County (GA) Superior Court 05/12/2023, State of GA v. Daniel R. Dixon Case # 2023-R-0191 (Defendant)
11. Trial-White County (GA) Superior Court 06/19/2023, State of GA v. Richard C. Casper Case # 22-CV-043 (Defendant)
12. Trial-Llano County (TX) Superior Court 08/24/2023, State of TX v. Nathan David Jones Case # CR:7845-Bond Revocation (Defendant)
13. Deposition-Estate of Elizabeth J. Johnson (juvenile QC) v. Odom, MD et al. 03/01/2024 Case No. 2021-CA-003636, Division J
14. Hearing, State of FL APD Appeal 05/29/2024, DCF Case No. 22F-03290 (Petitioner)
15. Sentencing Hearing-09/13/2024, United States v. Toccoarra Minefield, Case No. 2:23cr123-MHT-CWB (WO) (Defendant)

List of Reports and Articles Referenced in Expert Report

References

Abate BB, Sendekie AK, Tadesse AW, Engdaw T, Mengesha A, Zemariam AB, Alamaw AW, Abebe G, Azmeraw M. (2024). Resilience after adversity: an umbrella review of adversity protective factors and resilience-promoting interventions. *Front Psychiatry*. Oct 4;15:1391312. doi: 10.3389/fpsyt.2024.1391312.

Arslan, G. (2016). Psychological maltreatment, emotional and behavioral problems in adolescents: The mediating role of resilience and self-esteem. *Child abuse & neglect*, 52, 200-209.

Atria, M., Strohmeier, D., & Spiel, C. (2007). The relevance of the school class as social unit for the prevalence of bullying and victimization. *European Journal of Developmental Psychology*, 4(4), 372–387. <https://doi.org/10.1080/17405620701554560>

Burnam, M. A., Stein, J. A., Golding, J. M., Siegel, J. M., Sorenson, S. B., Forsythe, A. B., & Telles, C. A. (1988). Sexual assault and mental disorders in a community population. *Journal of Consulting and Clinical Psychology*, 56(6), 843–850. <https://doi.org/10.1037/0022-006X.56.6.843>

Caffaro-Rouget, A., Lang, R. A., & Van Santen, V. (1989). The impact of child sexual abuse on victims' adjustment. *Annals of Sex Research*, 2(1), 29–47. <https://doi.org/10.1007/BF00850678>

Cook, C. R., Williams, K. R., Guerra, N. G., Kim, T. E., & Sadek, S. (2010). Predictors of bullying and victimization in childhood and adolescence: A meta-analytic investigation. *School Psychology Quarterly*, 25(2), 65–83. <https://doi.org/10.1037/a0020149>

Craven, S., Brown, S., & Gilchrist, E. (2006). Sexual grooming of children: Review of literature and theoretical considerations. *Journal of Sexual Aggression*, 12(3), 287-299.

Dallam, S. J., Gleaves, D. H., Cepeda-Benito, A., Silberg, J. L., Kraemer, H. C., & Spiegel, D. (2001). The effects of child sexual abuse: Comment on Rind, Tromovitch, and Bauserman (1998). *Psychological Bulletin*, 127(6), 715–733. <https://doi.org/10.1037/0033-2909.127.6.715>

Domhardt, M., Münzer, A., Fegert, J. M., & Goldbeck, L. (2015). Resilience in Survivors of Child Sexual Abuse: A Systematic Review of the Literature. *Trauma, Violence, & Abuse*, 16(4), 476-493. <https://doi.org/10.1177/1524838014557288>

Finkelhor, D. and Berliner, L. (1995). Research on the Treatment of Sexually Abused Children: A Review and Recommendations *Journal of the American Academy of Child & Adolescent Psychiatry*, Volume 34, Issue 11, 1408 – 1423

Hyman, B., & Williams, L. (2001). Resilience Among Women Survivors of Child Sexual Abuse. *Affilia*, 16(2), 198-219. <https://doi.org/10.1177/08861090122094226>

Jeglic, E. L., Winters, G. M., & Johnson, B. N. (2023). Identification of red flag child sexual grooming behaviors. *Child Abuse & Neglect*, 136, 105998.

Kendall-Tackett KA, Williams LM, Finkelhor D. Impact of sexual abuse on children: a review and synthesis of recent empirical studies. *Psychol Bull.* 1993 Jan;113(1):164-80. doi: 10.1037/0033-2909.113.1.164. PMID: 8426874.

Lowe, Michelle. (2009). Asymptomatic victims of child sexual abuse: A critical review. *Forensic Update*. 99. 6-12. 10.53841/bpsfu.2010.1.101.24.

Ben Mathews, David Finkelhor, Rosana Pacella, James G. Scott, Daryl J. Higgins, Franziska Meinck, Holly E. Erskine, Hannah J. Thomas, David Lawrence, Eva Malacova, Divna M., Haslam, Delphine Collin-Vézina, 2024. Child sexual abuse by different classes and types of perpetrator: Prevalence and trends from an Australian national survey, *Child Abuse & Neglect*, Volume 147, 106562, ISSN 0145-2134, <https://doi.org/10.1016/j.chiabu.2023.106562>.

Rocchio, L.M. Ethical and Professional Considerations in the Forensic Assessment of Complex Trauma and Dissociation. *Psychol. Inj. and Law* 13, 124–134 (2020). <https://doi.org/10.1007/s12207-020-09384-9>

Sanjeevi J, Houlihan D, Bergstrom KA, Langley MM, Judkins J. A Review of Child Sexual Abuse: Impact, Risk, and Resilience in the Context of Culture. *J Child Sex Abus.* 2018 Aug-Sep;27(6):622-641. doi: 10.1080/10538712.2018.1486934. Epub 2018 Jul 31. PMID: 30064308.

Spaccarelli, S. (1994). Stress, appraisal, and coping in child sexual abuse: A theoretical and empirical review. *Psychological Bulletin*, 116(2), 340–362. <https://doi.org/10.1037/0033-2909.116.2.340>

Winters, G. M., & Jeglic, E. L. (2016). I Knew It All Along: The Sexual Grooming Behaviors of Child Molesters and the Hindsight Bias. *Journal of Child Sexual Abuse*, 25(1), 20–36. <https://doi.org/10.1080/10538712.2015.1108945>

Winters GM, Jeglic EL, Kaylor LE. Validation of the Sexual Grooming Model of Child Sexual Abusers. *J Child Sex Abus.* 2020 Oct;29(7):855-875. doi: 10.1080/10538712.2020.1801935. Epub 2020 Oct 2. PMID: 33006502.

CERTIFICATE OF SERVICE AND COMPLIANCE

This is to certify that today I served via e-mail the within and foregoing document on counsel for Plaintiffs, pursuant to Fed. R. Civ. P. 5(b)(2)(E).

Respectfully submitted this the 22nd day of November, 2024.

COLES BARTON LLP

/s/ Aaron P.M. Tady

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